



SHCIL Projects Limited

INSURANCE REPOSITORY

Corporate Office : SHCIL House, Plot No. P-51, T.T.C. Industrial Area, Mahape, Navi Mumbai - 400 710 India.
Tel.: +91-22-61778751 / 61778737 | Fax No. +91-22-61778727 | Toll Free: 1800 2666 009
Email: irsupport@shcilprojects.com | Website: www.shcilir.com | IRDA IR Regn. No : 03

Application No

SHCIL IR

Date of Receipt of eIA
(From Applicant)

Type of eIA

eIA Applicant Details

First Name*

Middle Name

Last Name

Father's/Husband's Name

Gender* Male Female Others

Date of Birth*

DOB Document Submitted*

PAN*

& / or

UID

ID Proof Submitted*

Permanent Address

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State*

Country*

Address Proof Submitted*

Correspondence Address

Same as above

Yes

No

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State*

Country*

Address Proof Submitted*

Contact Details

Telephone No.

Alternate Tel. No.

Mobile No.*

Fax No.

E-mail ID*

Alternate E-mail ID

Please mention the document code. List of documents and their respective codes is provided in the Annexure | <https://www.shcilir.com>
\$ For list of valid documents, please refer the Annexure | <https://www.shcilir.com>

e-Insurance Account (eIA) Opening Form for Individual

(Please fill this form in ENGLISH and in BLOCK LETTERS.
Fields marked with asterisk (*) are compulsory)

Signature

Please affix your recent colour photograph

Indian Resident

NRI

Please sign in the box

Male Female Others

/

& / or

/

/

/

Acknowledgment Slip (For office use only)

eIA No.:

Approved Person ID:

Date of Receipt of Application:

Application No.:

Insurance Company:

PAN/UID : Place :

SHCIL Br/AP seal & Signature

Bank Details

| | | |
|--------------------------------------------|----------------------------------|----------------------------------------------------------------|
| Account Type* | Savings <input type="checkbox"/> | Current <input type="checkbox"/> |
| Account Number* | <input type="text"/> | |
| Bank Name* | <input type="text"/> | |
| Branch Name* | <input type="text"/> | |
| City* | <input type="text"/> | Pincode* <input type="text"/> |
| MICR Code (Compulsory in case of ECS) | <input type="text"/> | IFSC code <input type="text"/> (Compulsory in case of NEFT) |
| Cancelled Cheque* <input type="checkbox"/> | (Please tick and attach a copy) | |

Authorised Representative Details

| | | | | | | | | | | | | | |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| First Name* | <input type="text"/> | | | | | | | | | | | | |
| Middle Name | <input type="text"/> | | | | | | | | | | | | |
| Last Name | <input type="text"/> | | | | | | | | | | | | |
| Gender* | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Others <input type="checkbox"/> | Date of Birth* | <input type="text"/> |
| PAN | <input type="text"/> | | | UID | <input type="text"/> | | | | | | | | |
| Relationship with eIA Applicant* | <input type="text"/> | | #/ | <input type="text"/> | | | | | | | | | |

Address for Correspondence

Same as eIA Applicant: Permanent Correspondence

| | | | | | | | | | | | | | | | | | | | |
|-----------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|----------|----------------------|--|--|--|--|--|
| Address Line 1* | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Address Line 2 | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Address Line 3 | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Landmark | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| City* | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Pincode* | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| State* | <input type="text"/> | | | | | | | | | | | | Country* | <input type="text"/> | | | | | |

Contact Details

| | | | | | | | | | | | | | | | | | | |
|---------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Telephone No. | <input type="text"/> | | | | | | | | | | | | | | | | | |
| Mobile No.* | <input type="text"/> | | | | | | | | | | | | | | | | | |
| E-mail ID* | <input type="text"/> | | | | | | | | | | | | | | | | | |

Do you want to notify Authorised Representative about his/her appointment?*

Yes No

(If none of the option is selected, it will be considered as YES)

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorize SHCIL Projects Ltd (SHCILIR) to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with SHCILIR. I agree to inform SHCILIR of any changes in the details mentioned in this form and in case of delay SHCILIR shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise them to submit the same to you for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorise SHCILIR to pass on the information to any Insurance Company that I have approached for availing of insurance cover.

I further agree that any false / misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

I hereby authorise SHCILIR / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e Insurance Account opening application and I have not applied to SHCILIR or any other Insurance Repository for an e-Insurance Account in the past.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through SHCILIR.

| |
|-----------------------------|
| Name of the eIA Holder |
| Signature of the eIA Holder |

Place _____ Date:

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

e-Insurance for easy access

- Mention the eIA number while buying a new policy
- Open eIA to receive online credit of insurance policy
- Check your eIA details registered with SHCIL IR
- Convert your physical policies to electronic at the earliest
- Check the policy after it is credited to your account
- Avail electronic services and information available through eIA

Important Points

- **OPENING & AVAILING eIA SERVICES IS ABSOLUTELY FREE OF COST.**
- This form is meant for an individual to open an e-Insurance Account (eIA).
- An eIA enables an individual to hold the various types of insurance policies in electronic format in a single account.
- This will eliminate the need of holding the insurance policies in physical form.
- This account will also act as a single point of contact for the policyholders to update their demographic details with all the insurance companies from where the policies are acquired.
- For any other information viz. SHCIL branches, FAQs, Products & Services etc. please refer our website: www.shcilir.com
- **An individual can open & hold only ONE eIA.**

Authorised Representative

An Authorised Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorised Representative can only access the e-Insurance Account to know the portfolio of insurance policies. The Authorised Representative may be different from the nominee. The eIA holder has the right to change the Authorised Representative during the term of eIA. The eIA holder should change the Authorised Representative on the Authorised Representative's demise. Where an eIA is operated by the Authorised Representative of eIA holder, the Insurance Repository may block the eIA for any further transactions. In such a case, every transaction shall be routed through the respective insurers.

Guidelines for Filling the eIA Form

- The fields marked in asterisk (*) are mandatory
- The application form should be completed in ENGLISH and in BLOCK LETTERS
- Fill the form in black ink or ball point pen
- The application form should be filled in legible handwriting and overwriting should be avoided
- Please tick the appropriate box wherever applicable
- Affix a recent photograph
- Please ensure that the form is completed and signed by the person opening the eIA
- The application form complete in all aspects alongwith the documents should be submitted to the Approved Person
- Proof of Identity, Proof of Address and Date of Birth Proof are mandatory for opening an eIA
- The list of documents required to be submitted is provided in the Annexure

Following are the list of documents for Date of Birth Proof, Proof of Identity and Proof of Address

ANNEXURE I: Date of Birth Proof (any one of the following)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 PAN Card | 16 Central Govt. Health scheme certificate for their employees/ family members/ dependants |
| 02 Domicile Certificate | 17 Govt. service registers extract/certificates issued by Govt. to its employees |
| 03 Ration Card | 18 Employer's PF statement |
| 04 Driving License | 19 ESIS Card (Employees State Insurance Scheme) |
| 05 Passport | 20 Employer's certificate from Govt., Semi Govt., MNC, Public Ltd., Reputed Private Ltd. Organizations only. The certificate must be on the letterhead, duly signed & stamped by the authorised signatory |
| 06 Voter ID Card | 21 Certified School/ College Extract including School/ College leaving certificate/ Degree certificates/ mark sheet or hall ticket or admit card issued by Educational Board (10 & 12th std) reflecting DOB of me IA applicant |
| 07 Municipal birth Certificate | 22 Policy Document of other private insurers |
| 08 Notarized Birth Certificate | 23 LIC Policy |
| 09 Baptism Certificate | 24 Islander cards for Residents of Andaman & Nicobar Island |
| 10 Marriage Certificate issued by Church | 25 Pilgrim pass issued for Haj Pilgrimage |
| 11 Identity card/ document with address, issued by Central/ State Government and its Departments | |
| 12 Gram Panchayat Certificate | |
| 13 Identity card/ document with address, issued by Public Sector Undertakings | |
| 14 Defense ID including Ex-serviceman card issued to Defense personnel/ certificate of DOB issued by commanding officer with his seal & signature on the same | |
| 15 Identity card/ document with address, issued by Colleges affiliated to universities | |

ANNEXURE II: Proof of Identity (any one of the following)

- | | |
|--------|--------|
| 01 PAN | 02 UID |
|--------|--------|

ANNEXURE III: Proof of Address (any one of the following)

- | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 01 Regd. Lease and License Agreement/ Agreement for sale | 12 Identity card/ document with address, issued by Statutory/ Regulatory Authorities |
| 02 Aadhar Letter | 13 Identity card/ document with address, issued by Public Sector Undertakings |
| 03 Ration Card | 14 Identity card/ document with address, issued by Scheduled Commercial Banks |
| 04 Driving License | 15 Identity card/ document with address, issued by Public Financial Institutions |
| 05 Passport | 16 Identity card/ document with address, issued by Colleges affiliated to universities |
| 06 Voter ID Card | 17 Identity card/ document with address, issued by Professional Bodies such as ICAI, ICWAI, Bar Council etc. to their Members |
| 07 Bank Passbook (not more than 6 months old) | |
| 08 Electricity Bill (not more than 6 months old) | |
| 09 Residence Telephone Bill (not more than 6 months old) | |
| 10 Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts | |
| 11 Identity card/ document with address, issued by Central/ State Government and its Departments | |

Authorized Representative's relationship with eIA holder (Any one of the following)

- | | |
|-------------|------------|
| 01 Self | 06 Husband |
| 02 Father | 07 Wife |
| 03 Mother | 08 Sister |
| 04 Daughter | 09 Brother |
| 05 Son | 10 Other |

SHCIL PROJECTS LIMITED (SHCIL IR) AT A GLANCE

Introduction: Insurance Regulatory and Development Authority (IRDA) has been taking many initiatives in order to protect the interest of the policyholders. Among the many other such initiatives IRDA has instigated e-Insurance policy concept where a policy holders can convert all the physical policies in electronic or dematerialized form.

Objective: The objective of creating an insurance repository is to provide policyholders a facility to keep insurance policies in electronic form and to undertake changes, modifications and revisions in the insurance policy with speed and accuracy in order to bring about efficiency, transparency and cost reduction in the issuance and maintenance of insurance policies.

Insurance Repositories (IR): In order to undertake such e-policy services IRDA has granted license to SHCIL Projects Limited which is a wholly owned subsidiary of Stock Holding Corporation of India (SHCIL) in the market. These Insurance Repositories have been formed as per the Companies Act, 1956 and have been granted a Certificate of Registration by IRDA to undertaking Insurance Repository services on behalf of Insurance Companies (IC). Insurance Repositories have to comply with the guidelines of the IRDA issued in respect of Insurance Repositories.

Important Definitions

- **e-Insurance Account (eIA):** e-Insurance Account or eIA will be opened by an Insurance Repository for every policy holder in order to keep his/her insurance policies in electronic form and to undertake changes, modifications and revision in the insurance policies.
- **e-Insurance Policy:** A policy which is a valid insurance contract issued by insurance company and maintained through Insurance Repositories in electronic form
- **e-Insurance Account Holder or eIA Holder:** e-Insurance Account Holder is a person who has an e-Insurance Account in his name with any one of the Insurance Repository.
- **Approved Person:** approved person” means an entity appointed by an insurance repository as its agent to perform certain assigned tasks in relation to and incidental to the functions of insurance repository.
- **Authorized Representative (AR):** Authorized Representative is a person appointed by eIA holder to operate the eIA in case of his unfortunate demise. AR will be provided access to the eIA once Insurance Repositories will receive an application along with the valid evidence of eIA holder's death. A nominee can also be appointed as an Authorized Representative and can be changed if eIA holder desires to do so.

Products & Services by SHCIL IR

- e-Insurance Account (eIA)
- Maintenance of e-Insurance Account
- Insurance Policy Credit
- Policy Servicing *
- Dematerialization of insurance policies *
- Online premium payment *

* The said services along with a spate of insurance related services will be launched as and when directed by IRDA in subsequent phases. To begin with Life Insurance Policies will be catered followed by Non Life and Group Insurance, very soon.

Benefits to Policy Holders

- OPENING & AVAILING eIA SERVICES IS ABSOLUTELY FREE OF COST.
- All policies will be consolidated in a single Electronic Insurance Account (eIA) irrespective of, existing or new policies, life or general.
- One time KYC compliance will entail to hassle free & timely issuance of fresh policies.
- eIA eradicates multiple communications to various Insurers for updates/ service requests.
- At a click of a button, an eIA can be viewed to monitor for regular updates on deadlines, premiums, expiry date etc.
- Web portal for making online payment, seamlessly. Mitigates policy lapsation due to timely alerts.
- Time saving and easy to access.

Business Opportunity

As per IRDA guidelines, SHCIL Projects Ltd. (SHCIL IR) in the capacity of Insurance Repository can appoint business partner as “**Approved Person**”.

Who is an Approved Person (AP) ?

“Approved Person” means an entity appointed by an insurance repository viz SHCIL Projects Ltd. (SHCIL IR) as its agent to perform certain assigned tasks in relation to and incidental to the functions of insurance repository.

Eligibility of an Approved Person :

- AP can be a company registered under the Companies Act, 1956 having a paid up capital of 5 lakhs wherein the objectives of forming the company should not be restricted to approved person services. Also, a Corporate Agent or Insurance Broker with valid IRDA license can be an AP restricted to procurement of policies by them.

Roles & Responsibilities of an Approved Person in a gist :

- SHCIL Projects Ltd. (SHCIL IR) can only sponsor an AP, subject to IRDA approval vide Form “A”.
- AP will introduce an eIA, service the policy holders in every aspect as termed in the agreement which also includes KYC compliance & premium collections.
- AP will be regularly monitored by the SHCIL Projects Ltd. (SHCIL IR) for delivering effective services for business continuity.
- A business revenue sharing model will be in place for services rendered.
- AP can use SHCIL Projects Ltd. (SHCIL IR) software Systems to service the policy holders.

IF ELIGIBLE & KEEN, please contact SHCIL Projects Ltd. (SHCIL IR) at www.SHCILIR.com and / or apply online to become registered Approved Person. You may also get in touch with us on below mentioned contact numbers.

Tel : +91-22-61778751 / 61778737 | Fax No : +91-22-61778727 | Toll Free : 1800 2666 009